United Nations

DP/2008/54-
DP/FPA/2008/13

Executive Board of the
United Nations Development
Programme and of the
United Nations Population Fund

Distr.: General
21 July 2008

Original: English

Second regular session 2008
8-12 September 2008, New York
Item 9 of the provisional agenda
Follow-up to UNAIDS Programme Coordinating Board meeting

Report on the implementation of the decisions and recommendations of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS

I. Context

1. The Executive Boards of UNDP/UNFPA, the United Nations Children's Fund (UNICEF) and the World Food Programme (WFP) held a joint meeting on 6 June 2003 to address the recommendations of the first five-year evaluation of the Joint United Nations Programme on HIV/AIDS (UNAIDS), contained in document UNAIDS/PCB(13)/02.2. The joint meeting discussed the implications of the recommendations for UNDP, UNFPA, UNICEF and WFP, and addressed UNAIDS operational and governance issues. As a result, members of the Executive Boards agreed that follow-up to UNAIDS Programme Coordinating Board (PCB) meetings be placed as a regular item on their agendas.

2. The present report, presented jointly by UNDP and UNFPA, provides an update on implementation of decisions from the 21st and 22nd PCB meetings, held in December 2007 and April 2008, respectively. Key issues addressed during those meetings that were of particular relevance to UNDP and UNFPA included: advancing implementation of the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors; intensifying action on gender and AIDS; strengthening partnerships with the Global Fund to Fight AIDS, Tuberculosis and Malaria; extending the UNAIDS Unified Budget and Workplan to a 4-year planning cycle; and preparations for the second 5-year independent evaluation of UNAIDS. In addition, the 22nd PCB meeting included thematic discussions on the links between HIV and tuberculosis, and endorsed a process and timeline for the nomination of the next Executive Director of UNAIDS by the end of 2008.

08-43140 (E) 110808

II. Monitoring the implementation of Global Task Team recommendations

3. In June 2005, the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors (GTT) issued 10 key recommendations aimed at improving the institutional architecture of the AIDS response. The recommendations included calls for the adoption of a UNAIDS division of labour; establishment of joint United Nations teams on AIDS with joint programmes of support at the country level; formation of a global implementation support team; and the mainstreaming of AIDS into poverty reduction strategy papers. The GTT report was endorsed by the PCB in June 2005 and by the UNDP/UNFPA Executive Board in September 2005. Since that time, the UNAIDS cosponsors and secretariat have prioritized implementation of the recommendations, which have provided an important contribution to United Nations reform efforts.

4. The UNAIDS cosponsors and secretariat have also focused on responding to the findings of an independent assessment of progress in implementing the GTT recommendations that was presented to the PCB in June 2007. The assessment found that, while significant progress had been achieved in advancing the recommendations, there was a need to strengthen implementation in several areas, including by regularly reviewing the division of labour, strengthening participation in joint teams, and improving accountability mechanisms. In follow-up, UNAIDS has prepared indicators to monitor the response to the GTT independent assessment and operationalization of its recommendations.

UNAIDS division of labour

5. The establishment of the UNAIDS technical support division of labour in August 2005 was a major step forward in defining the distinct roles, responsibilities and comparative advantages of the UNAIDS cosponsors and secretariat. The division of labour has enabled UNAIDS, as a joint programme, to provide more coherent, effective support at the country level, and to reduce duplication of activities while responding to gaps in support. UNDP and UNFPA have focused on strengthening and streamlining support in their respective lead areas, which are integrated into the strategic plans, 2008-2011, of both UNDP and UNFPA. UNDP leads the UNAIDS response in addressing dimensions of AIDS relating to development planning, governance, human rights and gender, while UNFPA leads in the provision of information and education, condom programming, prevention for young people outside schools, and prevention efforts targeting vulnerable groups, including sex workers.

6. Over the past year, UNFPA chaired the Interagency Task Team on Young People through the development of a more detailed division of labour specific to young people, providing further clarity to enhance coordination in this important thematic area. UNFPA also chaired the Interagency Task Team on Comprehensive Condom Programming and the Reproductive Health Commodity Security Coalition, and co-convened two key areas of work within the Global Coalition on Women and AIDS: preventing HIV in young women and girls, and female-controlled prevention methods. With the UNAIDS secretariat, UNDP co-convened the UNAIDS Reference Group on HIV and Human Rights, and co-hosted an international consultation to address trends in the criminalization of HIV transmission. The Inter-Parliamentary Union, UNDP and the UNAIDS secretariat partnered to organize the first Global Parliamentary Meeting on AIDS, and launched a handbook for parliamentarians to support action on AIDS.

Joint United Nations teams and programmes of support on AIDS

7. United Nations country teams have established joint United Nations teams on AIDS in 89 countries, as recommended by the GTT and directed by the Secretary-General in December 2005. Fifty-six of those teams report having developed a joint programme for more effective support to countries. The structure of the joint team in Madagascar illustrates an example of joint programming in action, based on the UNAIDS division of labour. The Madagascar joint team includes four working groups, each coordinated by a lead organization: UNICEF and UNFPA in the area of prevention; UNDP for issues of stigma, gender and people living with HIV; the World Health Organization for care and treatment; and the UNAIDS secretariat for monitoring and evaluation. This collaboration is guided by defined roles, accountabilities and assessment mechanisms.

8. Following from the publication of the first United Nations Development Group guidance paper on establishing joint teams, UNAIDS recently issued a second document to support implementation of joint programmes. This subsequent guidance was designed to address some of the challenges that have been experienced by country teams in operationalizing joint programming. In addition, with support from UNDP, UNFPA, UNICEF and the World Bank, the UNAIDS secretariat has finalized a toolkit to facilitate and build capacity for effective functioning of teams and programmes. Joint teams and programmes on AIDS have helped to demonstrate the United Nations system 'working as one' to country partners, as well as to emphasize that joint, efficient action can reduce transactions costs and benefit all stakeholders. In several countries, experiences in establishing joint teams and programmes on AIDS have also become a reference for promoting joint programmes in other thematic areas. The level of commitment of the resident coordinator, organization representatives and government to the AIDS response continues to be an important factor in determining the performance of joint teams.

Global Implementation Support Team

9. The Global Implementation Support Team (GIST) was established in 2005 as a Unite Nations system-Global Fund problem-solving team to support country-level efforts to address implementation bottlenecks in large-scale AIDS grants. The partnership, which included the Global Fund, the UNAIDS secretariat, UNDP, UNFPA, UNICEF, WHO and the World Bank, was expanded in 2007 to include the Governments of the United States and Germany, as well as civil society and other non-governmental organization (NGO) partners. After requesting a review of the terms of reference of GIST, the PCB approved a revised mandate for the partnership, centred on coordinating technical support to address implementation bottlenecks, disseminating lessons learned, and identifying good practices.

10. The 21st PCB meeting requested that a follow-up review be presented to the PCB in December 2008 to evaluate the added value and efficacy of GIST. This year the GIST partnership supported the development of a database to coordinate technical support on AIDS, providing an important tool for mapping and monitoring technical assistance at the country level. GIST has also commissioned reports to define guiding principles for the provision of technical support in HIV responses, and to measure quality, access and effectiveness of technical assistance.

Mainstreaming of AIDS into poverty reduction strategy papers

11. As recommended by the GTT, UNDP is leading implementation of a joint programme with the World Bank and UNAIDS Secretariat that has built capacities in 25 countries for effectively integrating AIDS priorities into the formulation and implementation processes for poverty reduction strategy Papers (PRSPs) and national development plans. To ensure that AIDS responses are effectively linked to broader development efforts, programme activities are aimed at four key areas: (a) increasing the

participation of AIDS stakeholders in designing and implementing HIV responses within the PRSP; (b) providing evidence to guide PRSP formulation and implementation through poverty and HIV diagnostics; (c) taking account of HIV costing in macroeconomic, structural and sectoral policies; and (d) strengthening the monitoring and evaluation of HIV responses across relevant sectors.

12. The programme, which is implemented through regional trainings and country-level technical support, has enhanced understanding of the links between development, poverty and AIDS, and supported improved alignment of PRSPs, sector plans and national AIDS strategies. As a result, significant achievements have been realized. In Rwanda for example, advocacy and technical support resulted in the full integration of HIV across all 12 sectors of Rwanda's second poverty reduction strategy. In Ghana, development of mainstreaming guidelines for sectors and districts, together with the training of 33 Ministries and sector agencies, supported the integration of AIDS in sector and district plans and provision of budgetary allocations for HIV as part of the medium-term expenditure framework. In Tanzania, the programme has supported active participation of key stakeholders in the PRSP process, including through specific activities with civil society organizations, members of parliament, women and men living with HIV, young people, and the private sector, resulting in agreement on the criteria for the engagement of stakeholders in the PRSP mainstreaming process.

III. Intensifying action on gender and AIDS

13. In June 2007, the PCB requested finalization of guidance to respond to the critical gender dimensions of the AIDS epidemic. UNDP, working with the UNAIDS secretariat and the United Nations Development Fund for Women (UNIFEM), led the preparations for gender guidance in national AIDS responses, which was presented to the PCB in April 2008. The guidance was developed in close consultation with all the UNAIDS cosponsors, and a diverse range of stakeholders, including governments and civil society representatives. Focusing on supporting expanded and improved action on the intersecting issues of AIDS and gender inequality, the guidance outlines three key actions for country-level stakeholders: (a) 'know your epidemic' in gender terms; (b) implement focused efforts to address gender inequality in the context of AIDS, alongside increasing gender-sensitivity of all HIV policies and programmes; and (c) implement reciprocal capacity-building between HIV actors and gender actors at the country and community levels. The guidance document emphasizes that action on gender and AIDS should be evidence-informed and rooted in human rights principles.

14. The PCB took note of the draft gender guidance, requesting UNAIDS to assist countries in planning, programming and implementing interventions in the context of HIV that address (a) women, girls and gender inequality; and (b) diverse sexualities, including through the initiation of country pilots and other activities. In follow-up to the PCB decision, UNDP – with UNIFEM, the United Nations Educational, Scientific and Cultural Organization, UNFPA, WHO and the UNAIDS secretariat – is establishing an experts group to assist in designing and overseeing a gender and AIDS pilot process in four countries, as well as in developing the next generation of tools to support gender and AIDS responses. This four-country pilot process will focus on assisting countries in planning, programming and implementing interventions that address women, girls and gender inequality, while a parallel process will be initiated to address male sexuality.

15. In addition to these efforts, UNDP and UNFPA are prioritizing work to address gender-related vulnerability to HIV, as well as the impact of AIDS on women and girls. For example, UNFPA and UNDP, in collaboration with the UNAIDS secretariat, UNIFEM and

civil society partners, supported the Global Fund to Fight AIDS, Tuberculosis and Malaria to improve integration of gender equality and sexual and reproductive health issues in guidelines for the Global Fund Round 8 grant proposals. At the High-level Meeting on HIV/AIDS in June 2006, UNDP co-organized a side event on the 'Full Enjoyment of Human Rights by All' with the UNAIDS secretariat and the Foundation for AIDS Research. UNFPA led support for the High-level Meeting panel focusing on 'Making the Response to AIDS Work for Women and Girls', along with UNIFEM, the UNAIDS secretariat and UNDP. In addition, UNDP, UNFPA and UNIFEM convened a number of sessions at the International AIDS Conference in Mexico in August 2008, promoting good practices and drawing attention to the latest research results in addressing gender and AIDS.

16. UNFPA supports a multi-faceted approach to redressing deep-rooted gender imbalances, eliminating gender-based violence and child marriage, safeguarding women's rights, changing harmful traditional practices, delivering quality sexual and reproductive health services, and fostering socio-economic empowerment. In addition to several technical tools, country-level report cards on women and AIDS are now available for 23 countries. Advocacy guidance for HIV prevention among women and girls is slated for completion in 2008. At the end of 2007, while almost all offices reported action, 47 UNFPA country offices cited major efforts to expand partnership and build the capacities of networks involving women, young people, sex workers and people living with HIV.

17. In the Dominican Republic, UNFPA supported the incorporation of gender-based violence as one of the structural factors limiting HIV prevention and care among women. This included support for the creation of a multi-sectoral committee on the linkages between HIV and gender-based violence; advocacy with decision-makers and opinion leaders to incorporate gender-based violence into the health agenda; and support to Ministries, NGOs and groups of people living with HIV for the development of a national strategy to address linkages between HIV and gender-based violence. UNFPA strengthened efforts addressing migrant women crossing the border between the Dominican Republic and Haiti, including through a strategy developed to provide women with education on HIV prevention, gender-based violence prevention and human rights, and to improve health service delivery and coordination between border hospitals in both countries. HIV prevention actions among the uniformed services were also expanded. In Zambia, technical and financial support was provided for the development and finalization of the National Action Plan on Women and Girls and the development of a draft national gender-based violence action plan.

18. UNDP has expanded action on gender and human rights in responding to AIDS. It has supported the mainstreaming of gender priorities into national AIDS plans in several countries in West and Southern Africa, and has produced tools for integrating gender and AIDS into development programmes and sectors in Botswana and Zambia. A practitioners' guide on women and HIV has been developed for the Asia Pacific region, and large-scale initiatives to address links between HIV and the trafficking of women and girls have been implemented across Asia. In the Arab States, trainings have been conducted for women's institutions to increase their leadership capacities and enhance gender-sensitive action on AIDS. Economic empowerment initiatives to support women affected by AIDS are being implemented in South and East Asia, while in Latin America and Asia, programmes are also addressing male sexuality and HIV vulnerability. In 2007, UNDP and civil society partners convened the Asia Pacific Court on HIV, inheritance and property rights, providing high-profile advocacy for addressing gaps between progressive legislation and actual enforcement practices to protect rights to property and inheritance and empower women and girls.

19. To advance the UNDP gender equality strategy alongside the AIDS response, the HIV/AIDS and gender practices of UNDP are working to develop a global initiative on gender-based violence, as well as to advance research and advocacy to address unpaid care work and unequal property and inheritance rights for women and girls in the context of HIV. In addition, support to post-crisis countries has included attention to combating gender-based violence and expanding livelihood strategies for women and children.

IV. Strengthening partnerships with the Global Fund to Fight AIDS, Tuberculosis and Malaria

20. The response to AIDS and related institutional arrangements have evolved significantly since the signing of the first memorandum of understanding between UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria in 2003. Taking this evolving context into account, in June 2007 the PCB requested UNAIDS to work with the Global Fund to revise their memorandum of understanding so as to update areas and modalities of cooperation. A revised memorandum of understanding was developed with the aim of strengthening support to national AIDS response. The memorandum, which is based on complementarity of roles between the Global Fund and UNAIDS secretariat and cosponsors, focuses on the core activity areas of strategic analysis and policy advice, technical support, and monitoring and evaluation.

21. The revised memorandum of understanding was approved by the PCB at its 22nd meeting and by the Global Fund Board at its 17th meeting, in April 2008. While the memorandum provides the umbrella framework for cooperation, the UNAIDS secretariat and relevant cosponsors will develop individual operational agreements with the Global Fund to advance operationalization of the memorandum. To strengthen collaboration further, the PCB agreed that its 23rd meeting, in December, 2008 would focus on partnerships between UNAIDS and the Global Fund.

22. Through its partnership with the Global Fund, UNDP has supported 36 countries intensively since 2003 to improve the management, implementation and oversight of Global Fund grants, and to strengthen the financial, procurement, and monitoring and evaluation capacities of national partners. In addition, intensive capacity-building support has been provided to principal recipients in 10 countries for strengthened Global Fund grant management and delivery, including assistance in such areas as grant administration, fund management, and procurement. Alongside building the capacity of local entities to take over and continue work initiated by UNDP, the organization has emphasized support to civil society organizations through trainings that increase their capacity to engage in the Global Fund proposal development and implementation processes. Those efforts have resulted in notable achievements in supporting national strategies for HIV prevention, treatment and impact mitigation. At the end of 2007, Global Fund grants managed by UNDP facilitated the provision of HIV, tuberculosis and malaria prevention services to over 9.3 million people, reached 1.5 million with HIV counselling and testing, and provided antiretroviral treatment for more than 100,000 people.

23. During the past two years, UNFPA has recruited and trained more than 120 national and international staff to support national partners in obtaining and implementing global financial resources, including Global Fund grants and other funding mechanisms. Working in support of the 'three ones' principle and committed to national ownership and national capacity development, these UNFPA country and subregional staff were assigned to government offices, national partners, and UNFPA country offices. They are members of joint United Nations teams and contribute to joint programmes of support on AIDS. UNFPA staff are working closely with the Global Fund and national partners to 'make the

money work' by organizing and participating in regional and global consultations on key issues, including gender and most-at-risk populations.

V. The extension of the UNAIDS unified budget and work plan to a 4 year planning cycle

24. The UNAIDS unified budget and work plan (UBW) is a unique instrument which unites in a single framework the AIDS activities of the 10 UNAIDS cosponsors and secretariat. In response to a PCB request for improving results-based management and accountability, the 2008-2009 UBW includes a performance monitoring and evaluation framework, which was approved by the PCB in December 2007. In April 2008, the PCB endorsed the extension of the UBW planning period from its current 2-year cycle to four years, while maintaining a 2-year budget cycle. The 4-year framework is expected to facilitate longer-term planning and more effective monitoring of results, while reducing the transaction costs associated with the biennial planning cycle.

25. As a result, the present UBW, 2008-2009, will be extended to 2011. UNDP and UNFPA, along with other cosponsors and the UNAIDS secretariat, are working to extend to 2011 the *strategic framework for UNAIDS support to country efforts to move towards universal access*, which formed the substantive basis for the development of the UBW, 2008-2009. The new 4-year UBW planning cycle and 2 year budget will align with the time frame for the UNDP and UNFPA strategic plans, 2008-2011, helping to ensure consistency in planning and the monitoring of results.

VI. Second 5-year evaluation of UNAIDS

26. In December 2007, the PCB agreed on the content, structure and scope of the second 5-year evaluation of UNAIDS, covering the period 2002 to 2008. That evaluation, which is under way, will focus on assessing the efficacy, effectiveness and outcomes of UNAIDS – including the UNAIDS secretariat and cosponsors and the PCB – at the global, regional and country levels. Among other areas, the evaluation will address the evolving role of UNAIDS within a changing global environment; the governance of UNAIDS; the roles and relationships of the secretariat and cosponsors; and the achievements of UNAIDS as a joint programme.

27. An oversight committee has been created to oversee the evaluation, with the UNFPA Global Coordinator on AIDS designated as the UNAIDS cosponsor liaison to the oversight committee. The draft report of the evaluation is expected to be presented to the PCB in June 2009, following a progress report in December 2008. In line with the focus of the UNAIDS evaluation, UNFPA is in the process of commissioning an evaluation of the effectiveness of strengthening its country offices in the area of HIV over the past 18-24 months. Capacity-building has focused on ensuring both adequate human resource and training. Results are expected towards the end of 2008.

VII. Maintaining the momentum towards universal access

28. The High-level Meeting on HIV/AIDS held in June 2008 provided an opportunity for governments, civil society, the United Nations system and other stakeholders to jointly assess progress in achieving the goals outlined in the 2001 Declaration of Commitment and the 2006 Political Declaration on HIV/AIDS. The United Nations Secretary-General's report for the meeting revealed that the commitment, efforts and investments of

governments and communities around the world are beginning to turn the tide of the AIDS epidemic in many contexts. However, enormous challenges remain, and the global community must continue to implement and scale up effective responses to HIV. Key priorities identified include the need to ensure access to HIV services for most-at-risk populations, such as drug users and sex workers; the need to eliminate mother-to-child transmission of HIV; and the importance of integrating HIV and tuberculosis services.

29. The High-level Meeting reaffirmed the centrality of leadership and political accountability, recognizing that the HIV epidemic is a public health and a development issue, requiring long-term planning and action. The meeting highlighted that an effective response to AIDS must have human rights and gender equality at its core, including women's rights to make informed decisions about their sexual health. Responses must also be based on the principle of 'knowing your epidemic', by emphasizing outreach to populations that are most at risk, with evidence-informed approaches guided by local HIV epidemiology. UNDP and UNFPA are committed to advancing these principles and priorities to accelerate efforts towards universal access to HIV prevention, treatment, care and support, and to contribute to the achievement of the Millennium Development Goals.